

## ROPES REQUEST FORM

PHONE: (608) 242-3543

FAX: (608) 242-3546

Date of Request: \_\_\_\_\_

Name of Requesting Organization: \_\_\_\_\_

Point of Contact/Requester \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address for Requester: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate/Emergency PhoneNumbers: \_\_\_\_\_

Location of Event: Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Request: (Check One)

- \_\_\_\_\_ Outdoor Ropes Course  
(Camp Douglas)
- \_\_\_\_\_ Mobile Ropes Course

Primary Date and times:

\_\_\_\_\_

Alternate Date and times:

\_\_\_\_\_

EVENT:

NUMBER OF YOUTH: \_\_\_\_\_

GRADE OF PARTICIPANTS: \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_

\*At least one adult is required on-site during the entire Ropes event.

Hours of classroom instruction students will have received on Anti-Drug and Alcohol Message: \_\_\_\_\_

Anti-Drug and Alcohol topics covered in the classroom: \_\_\_\_\_

Learning Objectives (examples: Attitudes, Communication, Awareness, Leadership, Self-Esteem, etc):

\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

**DRUG CONTROL PROGRAM USE ONLY**

Approving Official Signature: \_\_\_\_\_

Date of Initial Contact with Customer: \_\_\_\_\_

Notes from Contact: \_\_\_\_\_